

As a below named inventor, I declare that my residence, post office address and citizenship as stated below next to my name, the information given herein is true, that I believe that I am the original inventor of the invention to which this application relates, and that I believe that I am the original inventor of the invention to which this application relates, and that I believe that I am the original inventor of the invention to which this application relates.

CLADDING SYSTEM

which is described and claimed in:

☐ the attached specification

☒ PCT International Application No. **PCT/NZ04/000254**

☐ the specification in application Serial No. **10/573,853**

Filed **October 16, 2004**

Filed **April 17, 2005**

(If applicable) and amended on

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56. I hereby claim foreign priority benefits under Title 35, United States Code, §119 (a)-(d) of any foreign application(s) for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

Prior Foreign Application(s)

528881
(Number)

New Zealand
(Country)

16 October 2003
(Day/Month/Year Filed)

Priority Claimed

☒ Yes ☐ No

(Number)

(Country)

(Day/Month/Year Filed)

☐ Yes ☐ No

(Number)

(Country)

(Day/Month/Year Filed)

☐ Yes ☐ No

I hereby claim the benefit under Title 35, United States Code, §119(a) or any United States provisional application(s) listed below:

Application No.

Filing Date

Application No.

Filing Date

I hereby state the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

(Application Serial No.)

(Filing Date)

(Status: presented, pending, abandoned)

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorneys (Registration No.) to prosecute this application, receive and act on instructions from my agent, and transact all business in the Patent and Trademark Office connected therewith. **HARVEY B. JACOBSON, JR. (20,851); JOHN CLARKE HOLMAN (22,780); MARVIN R. STERN (20,840); ALLEN S. MELSER (27,215); MICHAEL R. SLOBASKY (28,421); JONATHAN L. SCHERER (28,851); IRWIN M. AISENBERG (19,007); WILLIAM E. PLAYER (31,408); YOON S. HAM (45,307) and NATHANIEL A. HUMPHRIES (22,772)**

SEND CORRESPONDENCE TO: CUSTOMER NO. 00198

or

JACOBSON HOLMAN
PROFESSIONAL LIMITED LIABILITY COMPANY
400 SEVENTH STREET, N.W.
WASHINGTON, D.C. 20004

DIRECT TELEPHONE CALLS TO:

(please use Attorney's Docket No.) (202) 636-8883

JACOBSON HOLMAN
PROFESSIONAL LIMITED LIABILITY COMPANY

(Inventor's name must include at least one unabbreviated first or middle name.)

201	FULL NAME OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY
202	FULL NAME OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY
203	FULL NAME OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true and further that these statements were made with the knowledge that willful false statements are punishable by fine or imprisonment or both, under section 1001 of Title 18 of the United States Code; and that such willful false statements may jeopardize the validity of this application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201	SIGNATURE OF INVENTOR 202	SIGNATURE OF INVENTOR 203
DATE 2/12/06	DATE 2/12/06	DATE 2/12/06

☒ Additional inventors are named on separately numbered sheets attached hereto.

© JH 2001 (COPYING WITHOUT DELETIONS PERMITTED)

JACOBSON HOLMAN PLLC
ADDITIONAL INVENTORS

* Inventor(s) name must include at least one unabbreviated first or middle name

204	FULL NAME * OF INVENTOR	FAMILY NAME BUCKINGHAM	GIVEN NAME Samuel	MIDDLE NAME Gwynn
	RESIDENCE & CITIZENSHIP	CITY Auckland	STATE OR FOREIGN New Zealand	COUNTRY OF CITIZENSHIP New Zealand
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 3 Rubens Lane, West Harbour	CITY Auckland	STATE OR COUNTRY New Zealand
			ZIP CODE	
205	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY ZIP CODE
206	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY ZIP CODE
207	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY ZIP CODE
208	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY ZIP CODE
209	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY ZIP CODE
210	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY ZIP CODE
211	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY ZIP CODE

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are to be true, and further that these statements were made with the knowledge that wilful false statements and the like so made are punishable by fine or imprisonment or both, under section 1001 of Title 18 of the United States Code; and that such wilful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 204 *	SIGNATURE OF INVENTOR 205 *	SIGNATURE OF INVENTOR 206 *
DATE 2/12/06	DATE	DATE
SIGNATURE OF INVENTOR 207 *	SIGNATURE OF INVENTOR 208 *	SIGNATURE OF INVENTOR 209 *
DATE	DATE	DATE

BEST AVAILABLE COPY